

## **Incident Report**

Print Date/Time: 08/08/2016 09:43

Login ID: ss0143

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00015289

**Incident Date/Time:** 8/4/2016 5:12:00 PM **Location:** 7200 BLK 20TH ST SE

LAKE STEVENS WA 98258

**Phone Number:** (954) 826-6336

Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens

 Source:
 911

 Priority:
 3

 Status:
 3

Nature of Call:

Unit/Personnel

UnitPersonnel19D2SS0132-Kilroy19S15SS0072-Aukerman

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	BARTLETT, KENDRA					
2	Reporting Party	HANEY, MARY A	6300 EST. FRYDENHOJ 22 st. thomas 00802	(954) 826-6336		Female	08/26/1962
1	Driver	,	6300 EST. FRYDENHOJ 22 st. thomas 00802	(954) 826-6336		Female	08/26/1962
2	Driver	BUSER, CINDY LU	9225 7TH ST	(425) 760-0726	Unknown	Female	06/05/1960

Lake Stevens WA 982583702

Vehicle(s)

Role	Туре	Year	Make	Model	Color	License	State
Involved Vehicle						GHLX93	FL
Involved Vehicle	Passenger Car	2006	Hyundai		Blue	300YXQ	WA

Disposition(s)

**Disposition** Count R 1

Property

Date Code Type Make Model Description Tag No. Item No.

## **CAD Narrative**

08/04/2016: 17:15:49 SP0411 Narrative: Narrative added from associated Call #: 491 - AA 19S15

08/04/2016: 17:14:40 SP0112 Narrative: Narrative added from associated Call #: 491 - AC BLU 4DR IMPORT BLKG

08/04/2016: 17:14:24 SP0411 Narrative: AA BCST

08/04/2016: 17:13:49 SP0368 Narrative: CC, NON INJ, BLKING EB LANE, WHI PC VS BLU PC

## **COLLISION REPORT**

(P)	STATE OF WASHINGTON POLICE TRAFFIC REPORT NO. E570709	1 4 8 27
	COLLISION REPORT  1591971  INTERSTATE CITY STREET  INT	2
1 1	STATE ROUTE OTHER STOLEN LOCAL AGENCY CODING	3
2 1	COUNTY RD PRIVATE WAY	1 8 28
3 1	M M D D Y Y Y Y TIME (2400) COUNTY# MILES CITY#	2
	ON (PRIMARY TRAFFIC WAY)       INTERSECTION □ NON-INTERSECTION ✓	
4	20TH ST SE	0 1 29
4a	DISTANCE OF (REFERENCE OR CROSS STREET)	
5	100 00 MILES N E 74TH AVE SE	
	UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET VES V NO D: 9548266336	0 6 30
6 2	LAST NAME HANEY FIRST NAME MARY MIDDLE INITIAL A	
	STREET 6300 EST. FRYDENHOJ 22	
7	CITY ST. THOMAS ST VI ZIP 00802	1 2 31
8	CDL RESTRICTIONS ENDORSEMENTS	2
9 9	DRIVER'S LICENSE # 0000041588 STATE VI SEX F D.O.B. MMDDYYYY 08 26 1962	3 1 2 32
10 9	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY 1	32
11 3 5	LICENSE PLATE # GHLX93 STATE FL VIN# 1G11C5SL8FF278854	3
12 3 5	TRAILER PLATE # STATE STATE STATE	
13 4	VEH. YEAR MAKE CHEV MODEL MALIBU STYLE P4 VEHICLE TOWED YES NO VEHICLE TOWED YES NO VEHICLE NO. 1	7 3 33
14 4	LIABILITY INSURANCE  IN SURANCE CO STIBANK MARY A STONE  IN EFFECT  1 INSURANCE CO STIBANK MARY A STONE  1 O TOP TOP TOP TOP TOP TOP TOP TOP TOP T	7 3 <sub>34</sub>
15 2	VERICITY YES NO CITATION # CHARGE  CHARGE  CHARGE	
16 2	UNIT 02 MOTOR VEHICLE PEDAL- PEDESTRIAN PROPERTY OWNER PHONE D: 4257600726	4 35
	LAST NAME BUSER FIRST NAME CINDY MIDDLE INITIAL L	37
17	STREET NEW ADDRESS 9225 7TH ST SE	38
18	CITY LAKE STEVENS ST WA ZIP 982583702	39
19	CDL RESTRICTIONS ENDORSEMENTS	40
20	DRIVER'S LICENSE # BUSERCL402LE STATE WA SEX F D.O.B. MMDDYYYY 06 - 05 - 1960	
21	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE NATURE OF INJURIES	
22	LICENSE PLATE # 300YXQ STATE WA VIN# KMHDN46D56U236435	
23	TRAILER PLATE # STATE TRAILER PLATE # STATE	41
24	VEH. YEAR 2006 MAKE HYUN MODEL ELA4D STYLE 4D VEHICLE TOWER TOWED BY  REGISTERED OWNER INFO. WILLIAM BUSER 9225 7TH ST SE LAKE STEVENS WA 98258  VEHICLE TOWER TOWED BY	42
	SHADE IN DAMAGED AREA  LIABILITY INSURANCE CO STATE FARM 107 6544-D09-47E	
25	VEHICLE YES NO CITATION # CHARGE  CHARGE  10 BOTTOM 8 7 6	
26	OFFICER'S NAME (PRINT)  J. KILROY #0132  BAGGE OR ID # #0132  AGENCY WA0311900	
	PART A 3000-345-159 R (7/06)	





CORRECTION

REPORT NO.

E570709

972	!		

CASE # 2016-00015289

		A D D I	TIONIAL DEDOOM		TD /DACCEN	OEDO AND		FOOF	C ONLY()			
NAME (LAST, FIRST, MIDDLE	INITIAL)	ADDI	TIONAL PERSON	IS INVOLVE	ED (PASSEN	GERS AND	OR WIIN	ESSE	S ONLY)			
ADDRESS & PHONE #	·						SEX		D.O.B. MMDDYYYY	-		
PASSENGER []	WITNESS UNIT #		SEAT POS.	AIRBAG	RESTR.	EJECT	HEL	MET SE	INJURY CLASS		NATURE OF INJU	JRIES
NAME (LAST, FIRST, MIDDLE	INITIAL)											
ADDRESS & PHONE #							SEX		D.O.B. MMDDYYYY	-	-	
PASSENGER	WITNESS UNIT #		SEAT POS.	AIRBAG	RESTR.	EJECT		MET SE	INJURY CLASS		NATURE OF INJU	JRIES
NAME (LAST, FIRST, MIDDLE	INITIAL)											
ADDRESS & PHONE #							SEX		D.O.B. MMDDYYYY		-	
PASSENGER	WITNESS UNIT #		SEAT POS.	AIRBAG	RESTR.	EJECT		MET SE	INJURY CLASS		NATURE OF INJU	JRIES
				N/	ARRATI\	/E						
the 7200	as traveling e block and w and did not	as start	ing to slow	down d	lue to tra	affic. D	river c					
There we	ere no injurie	s and b	oth vehicles	s were	driven fı	om the	scen	e.				
Unit 1 wa	Unit 1 was at fault due to being distracted by her GPS device.											
CERTIFY (DECLA	RE) UNDER PENALTY	OF PERJURY	UNDER THE LAWS	OF THE STAT	E OF WASHI	NGTON THA	T THE FOR	EGOI	NG IS TRUE AN	ND COF	RECT. (RCW 94	A.72.085)
J. KILROY #013	FICER'S SIGNATURE		UNIT OR DIST. DE	=T	08-05-1	6 04:15 PM	<u> </u>	PI AC	E SIGNED			
APPROVED BY			ONT ON DIGI. DE		DAILU		DATE 8/5		5:36:46 PM			
BADGE OR ID #	#0132	ORI#	WA0311900			TIME POLICE I	DISPATCHED	5:14	! PM	TIME F	OLICE ARRIVED	5:19 PM

**REPORT NO.** E570709

CASE# 2016-00015289

DATE AND TIME OF COLLISION 08/04/16 17:12

